



ST. PATRICK SUMMER PROGRAM

401 97th Street, Brooklyn, New York 11209
Telephone: 718-833-0124 Email: summer@stpatrickca.org
www.stpatrickca.org

SUMMER 2021 REGISTRATION FORM

CHILD'S INFORMATION

Name: _____ Gender: Male Female
Last First

Address: _____
Street City State Zip

Current School: _____ Date of Birth: _____ Grade Completed (as of 6/21) _____

T-Shirt Size (Check One): Child S Child M Child L Adult S Adult M Adult L

Parents' Marital Status: Married Single Separated Divorced

Custodial Parent (if applicable): _____

Parent 1: _____ Relationship: _____

Address (if different from child) _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Parent 2: _____ Relationship: _____

Address: (if different from child) _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

EMERGENCY CONTACTS

Name Relationship to Student Telephone

Name Relationship to Student Telephone

Please continue on reverse side

SESSION INFORMATION

- FULL SEVEN WEEK SESSION** (\$2,300) Requires \$25 Registration Fee (per household) (includes 1 T-Shirt)
*All payments are non-refundable - 50% deposit due March 1st.

- WEEKLY SESSIONS** (\$350 per week) Requires \$25 Registration Fee (per household) (includes 1 T-Shirt)
*All payments are non-refundable - 50% deposit due March 1st.

Weeks Attending (Please Check)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> June 28 - July 2 | <input type="checkbox"/> July 19 - 23 |
| <input type="checkbox"/> July 5 - 9 | <input type="checkbox"/> July 26 30 |
| <input type="checkbox"/> July 12 - 16 | <input type="checkbox"/> August 2 - 6 |
| | <input type="checkbox"/> August 9 -13 |

EARLY DROP-OFF

- Early Arrival (8 AM - 9AM) (\$10 per day)

AGREEMENT

I certify that, to the best of my knowledge, the information I provided is accurate and complete. I understand that all fees (including registration, deposit and balances) are non-refundable; that I will adhere to the policies and rules established by the school; that enrollment is considered without regard for religion, race, gender, color, sexual orientation, national or ethnic origin.

By signing this Registration and enrolling my child, I give St. Patrick Summer Enrichment Program & its affiliates permission to use my child's photo / image (no names will be used) in print, electronic communications, and other materials. To withhold permission, please provide a signed and dated letter indicating your denial of permission.

Parent / Guardian's Signature

Date

Please Return this form with your 50% deposit by Monday, March 1st.
All balances must be paid in full by Tuesday, June 1st.

For Office Use
Only

Medical Form Received

Deposit Received	\$ _____	Ch# _____	/Cash _____	Online _____
Registration Fee	\$ _____	Ch# _____	/Cash _____	Online _____
Balance Received	\$ _____	Ch# _____	/Cash _____	Online _____